

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11263

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County... *Caroline*  
 City or town... *near Denton Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *4 yrs*  
 Hospital, institution, or street address where death occurred:  
*none*  
 How long in hospital or institution? *none*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... *Ind* County... *Caroline*  
 City or town... *near Denton Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

*Mary Elizabeth Elliott*

## 3. (b) Social Security Number

4. Sex *F* 5. Color or race *Cal* 6.(a) Single, married, widowed, or divorced *Unmarried*  
 6.(b) Name of husband or wife... *James Elliott*  
 6.(c) If alive, give age *55* years  
 7. Birth date of deceased (mo., day, yr.) *May 9, 1894*  
 8. AGE: Years *5-1* Months *5* Days *22* If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... *Danville, Virginia*  
 (Town, county, and state)  
 10. Usual occupation... *Housewife*  
 11. Industry or business \_\_\_\_\_  
 12. Name... *John Brooks*  
 13. Birthplace... *Va.*  
 14. Maiden name... *Rose Wilkerson*  
 15. Birthplace... *Va.*

16. Informant... *James Elliott*  
 Address... *(FED) Denton, Ind*  
 17. *Burial* Date thereof... *Nov 4, 1948*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... *Mt. Calvary*  
 Location... *Denton, Baltimore Maryland*  
 18. Funeral director... *J. S. Monahan*  
 Address... *Denton, Ind.*  
 19. *11/3* 19 *48* *Wm S O'Gara*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... *November 1, 1948* at *2:30* P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 7, 1947* to *Nov 1, 1948*  
 and that I last saw him alive on *November 7, 1948*  
 Immediate cause of death... *Myxomatous Heart Disease*  
 DURATION *2 years.*  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations... \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results... \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE... *Paul Thivits MD*  
 Address... *Denton Ind* Date signed *11/3/48*  
 M. D. or other \_\_\_\_\_

RECEIVED  
NOV 5 1948  
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11264

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County WorcesterCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Worcester

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Elwood  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

J. Ernest Frazier

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Katie E. Frazier6. (c) If alive, give age 38 years

## 7. Birth date of deceased (mo., day, yr.)

February 7, 1892

## 8. AGE:

Years

Months

Days

If less than one day

56914

hrs.

min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Flour mill

## MOTHER FATHER

12. Name James Frazier13. Birthplace Dorchester County, Maryland14. Maiden name Emma Holliday15. Birthplace Dorchester County, Maryland18. Informant Mrs. Katie E. FrazierAddress Preston, Maryland, R.F.D.

## 17. Burial (Burial, cremation, or removal, Which?)

BurialDate thereof November 27, 1948  
(month) (day) (year)Cemetery or crematory Washington CemeteryLocation Near Shiloh, Maryland18. Funeral director J. J. Hampton and SonAddress Federalburg, Maryland19. Nov. 27 19 48  
(Date rec'd by registrar)C. D. Plummer  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 19 48, at 12:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 48, at 12:05 A M

Immediate cause of death

DURATION

Concussion - Shock  
Due to Compound Fracture of  
Left  
Due to Concussion + Contusion  
of HeadImmediate

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/21/48Where did injury occur Near Preston, Maryland  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State RoadMeans of injury Collision Injured at work? 11/21/48

23. SIGNATURE

James J. Hampton  
Deputy Medical Examiner M. D. or otherAddress Preston Date signed 11/24/48

RECEIVED

DEC 3 1948

BUREAU V. S.

3

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

11265

83a

## 1. PLACE OF DEATH:

County CarrollCity or town near Denton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarrollCity or town  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

George Greener

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

April 16<sup>th</sup> 1868

8. AGE:

Years

Months

Days

If less than one day

80

7

4

hrs.

min.

9. Birthplace

Ballo City  
(Town, county, and state)

10. Usual occupation

at bank

11. Industry or business

FATHER  
MOTHER

12. Name

Alday R. Ramer

13. Birthplace

Switzerland

14. Maiden name

Annie Carr

15. Birthplace

Ballo City

16. Informant

Address

Burial  
(Burial, cremation, or removal. Which?)Date thereof 11-22-48  
(month, day, year)

Cemetery or crematory

Denton Park Cemetery

Location

Ballo Md.

18. Funeral director

Address

19. 11/18 1948  
(Date rec'd by registrar)

M. S. D. G. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1948 at 12 noon M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 1948 to Nov 17 1948and that I last saw her alive on Nov 17 1948

Immediate cause of death

DURATION

Due to

Cerebral Hemorrhage

3 days

Due to

Arteriosclerosis

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 11/18/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



3



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11266

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 1/2 years  
 Hospital, institution, or street address where death occurred:  
Reliance Avenue  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Reliance Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Annie E. Holliday

## 3. (b) Social Security Number

None

|  |                                    |  |
|--|------------------------------------|--|
| 4. Sex<br><u>Female</u>                                      | 5. Color or race<br><u>Colored</u> | 6. (a) Single, married, widowed, or divorced<br><u>Widowed</u> |
| 6. (b) Name of husband or wife <u>E. Augustine Holliday</u>  |                                    |  |
| 6. (c) If alive, give age ..... years                        |                                    |  |
| 7. Birth date of deceased (mo., day, yr.) <u>May 2, 1874</u> |                                    |  |
| 8. AGE:  | Years<br><u>74</u>                 | Months<br><u>6</u>   |
|  | Days<br><u>1</u>                   | If less than one day<br>..... hrs. .... min.                   |

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home

MOTHER FATHER  
 12. Name Samuel McClinton  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Eliza Jones  
 15. Birthplace Dorchester County, Maryland  
 16. Informant Raymond Holliday  
 Address Federalburg, Maryland  
 17. Burial  
 (Burial, cremation, or removal. Which?) Date thereof November 6, 1948  
 (month) (day) (year)  
 Cemetery or crematory Shiner's Run Cemetery  
 Location Near Williamsburg Maryland  
 18. Funeral director J. J. Frampton & Son  
 Address Federalburg, Maryland  
 19. November 6 19 48 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 3 19 48 at 9:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 19 48 to Nov 3 19 48  
 and that I last saw him alive on Nov 3 19 48

Immediate cause of death Hypertension  
Chronic Myocarditis  
 DURATION Eyes

Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?

23. SIGNATURE Frank M. Anderson MD  
 M. D. or other  
 Address Federalburg, Maryland Date signed 11/6/48

RECEIVED

NOV 16 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

11267

B4

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 42 years  
 Hospital, institution, or street address where death occurred:  
Academy Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Academy Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Thomas S. Holt

## 3. (b) Social Security Number

None

4 Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Louise R. Holt  
 6.(c) If alive, give age 73 years  
 7. Birth date of deceased (mo., day, yr.) August 11, 1872  
 8. AGE: Years 76 Months 3 Days 9 If less than one day  
 hrs. min.

9. Birthplace Cecil County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Chairman of the board  
 11. Industry or business The Holt Oil Company  
 12. Name John T. Holt  
 13. Birthplace Cecil County, Maryland  
 14. Maiden name Mary Miller  
 15. Birthplace Cecil County, Maryland  
 16. Informant Mrs. Thomas S. Holt  
 Address Federalburg, Maryland  
 17. Burial Date thereof November 25 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Bank Cemetery  
 Location Calvert Cecil County, Maryland  
 18. Funeral director J. J. Frampton & Son  
 Address Federalburg, Maryland  
 19. Nov. 24th 19 48 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

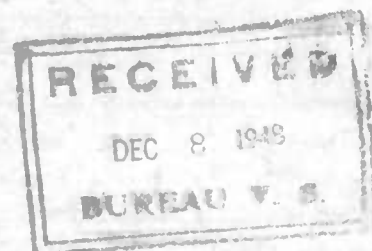
20. DATE OF DEATH November 20 19 48 at 1:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1948 to 11/20 48  
 and that I last saw him alive on 11/20 48  
 Immediate cause of death Myocardial infarction  
Chronic  
eyes  
 Due to  
 Due to  
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Frank M. Underwood M. D. or other  
 Address Federalburg, Md. Date signed 11/24/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11268

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton Ind.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 1/2 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Marian Todd Farsey

## 3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Waywood Farsey (Dec'd.)7. Birth date of deceased (mo., day, yr.) Dec. 8<sup>th</sup> 1869 8. If alive, give age \_\_\_\_\_ years8. AGE: Years 78 Months 8 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Denton, Caroline, Ind.  
(Town, county, and state)10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Daniel R. Todd13. Birthplace Maryland14. Maiden name Martha Rose15. Birthplace Maryland16. Informant Ralph FarseyAddress Denton, Ind.17. Burial, cremation, or removal, Which? Buried Date thereof 11-9-48  
(month) (day) (year)Cemetery or crematory Denton, Ind.Location J. Edgar Moore & Son18. Funeral director Denton, Ind.Address M.D. O'Neal19. 11/18/48 20. 11/18/48  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5, 1948 at 4 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1947 to Nov. 6, 1948 and that I last saw her alive on Nov. 5, 1948

Immediate cause of death \_\_\_\_\_

Due to Cerebral Hemorrhage 4 daysDue to Arterio Sclerosis 4 yrs

Other conditions \_\_\_\_\_

(Include pregnancy within 9 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

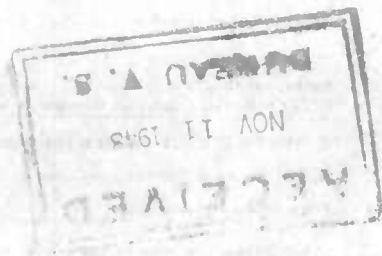
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Samuel D. George M. D. or otherAddress Denton, Ind. Date signed 11/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11269

Reg. Dist. No. 64

1. PLACE OF DEATH: Caroline  
County Federalsburg Md  
City or town (If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 weeks  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md County Haric  
City or town Sharptown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Louvenia E. Jones

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced

6. (b) Name of husband or wife Edward J. Jones

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 15 1862

8. AGE: Years 86 Months 6 Days 30 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Federalsburg Md  
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name William M. Wheatley

13. Birthplace Md

14. Maiden name Nancy Williams

15. Birthplace Md

16. Informant Bertie Owens

Address Sharptown

17. Burial, cremation, or removal, which? Burial Date thereof Dec 2 48  
(month) (day) (year)

Cemetery or crematory Ferguson

Location Sharptown Md

18. Funeral director Gravenor Bros

Address Sharptown

19. December 1 1948 J. S. Frampton  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 19 48 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/30 to 11/30 19 48

and that I last saw her alive on 11/30 19 48

Immediate cause of death Chronic myocarditis

DURATION

5 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Angela M. Anderson M.D.

Address Federalsburg Md. M. D. or other \_\_\_\_\_

Date signed 11/30/48

RECEIVED

DEC 8 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

11270

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
Bridgville Road  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Bridgville Road  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

John H. Kern, Jr.

## 3. (b) Social Security Number

213-03-9669

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Hilda B. Kern6. (c) If alive, give age 37 years7. Birth date of deceased (mo., day, yr.) May 13, 1907

8. AGE: Years 41 Months 6 Days 2 If less than one day  
 .....

9. Birthplace Ridgewood, N.Y. New York  
(Town, county, and state)10. Usual occupation Linotype Operator11. Industry or business J. H. Stowell Printing Company12. Name John H. Kern13. Birthplace New York14. Maiden name Evelyn Hedberg15. Birthplace New York16. Informant Mrs. Hilda B. KernAddress Federalburg, Maryland, E.D.17. Burial Date thereof November 18, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory First Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. November 18, 1948 J. J. Frampton  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1948 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov. 28th 1948 to Nov. 15, 1948  
 and that I last saw him alive on Nov. 14th 1948

Immediate cause of death Coronary Thrombosis DURATION 10 MIN

Due to Chronic - Rheumatic Heart Disease Age 84

Due to Acute Rheumatic Fever

Other conditions 95 58

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

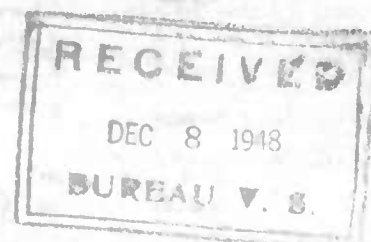
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gerson M. D. or other

Address Federalburg, Maryland Date signed Nov. 18, 1948



MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11271

83a

60

Reg. Dist. No. ....

1. PLACE OF DEATH:

County Caroline

City or town Goldsboro  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Goldsboro  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME George C. Kornrumpf

3. (b) Social Security Number 214-12-5519A

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Frances

7. Birth date of deceased (mo., day, yr.) June 7, 1869

6.(c) If alive, give age 74 years

8. AGE: Years 79 Months 5 Days 1 It less than one day hrs. min.

9. Birthplace Port Huron Michigan  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business X

12. Name John Kornrumpf

13. Birthplace Germany

14. Maiden name No Record

15. Birthplace Germany

16. Informant Earl Kornrumpf

Address Greensboro, Maryland.

17. Burial Date thereof 11/11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland

19. 11/11 19 48 A C Smith  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 19 48, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/6/48 to 11/8/48 and that I last saw him on 11/8/48

Immediate cause of death Stroke DURATION

Due to Cerebral Hemorrhage 1/8

Due to Hypertension X

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A C Smith M. D. or other

Address Greensboro, Maryland signed 11/11/48

RECEIVED

NOV 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11272

Reg. Dist. No. 13

## 1. PLACE OF DEATH:

County Cornelia  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Linchester

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. West Elwood  
 (If rural, give LOCATION)

2(a) If veteran, name war ☒

## 3. (a) FULL NAME

Leonard Lake

## 3. (b) Social Security Number

216-14-2843

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary F. Lake6. (c) If alive, give age 34 years

7. Birth date of

deceased (mo., day, yr.)

June 15, 1913

8. AGE:

Years

Months

Days

If less than one day

3556

hrs.

min.

9. Birthplace

Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Anna Jones

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Ethel Lake

15. Birthplace

Dorchester County, Maryland

16. Informant

John Wesley Lake

Address

Hurlock, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

November 27, 1948  
(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

near Hurlock, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

Nov. 271948

(Date rec'd by registrar)

Cornelia W. Plummer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948, at 12:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on 19

Immediate cause of death

DURATION

Concussion, shock -  
Due to fractured left leg -  
Concussions & laceration  
of skull

Immediate

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/21/48Where did injury occur? Rural Preston Carolina Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State RoadMeans of injury Collision Injured at work? No

23. SIGNATURE

Dr. George M. D. or otherAddress Dorchester Date signed 11/26/48

RECEIVED

DEC 3 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

11273

Reg. Dist. No. 41

## 1. PLACE OF DEATH:

County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ida Mae Meekins

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife John Meekins  
 6. (c) If alive, give age 63 years  
 7. Birth date of deceased (mo., day, yr.) June 14 1880  
 8. AGE: Years 68 Months 5 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Woodside, Del.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name Isaac Steel  
 13. Birthplace Del.  
 14. Maiden name Hattie David  
 15. Birthplace Del.

16. Informant John R. Meekins  
 Address Greensboro, Md.  
 17. Burial Nov. 30, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Greensboro  
 Location Greensboro, Md.  
 18. Funeral director Raymond B. Rawlings  
 Address Greensboro, Md.

19. Nov. 30 1948 L. M. Pippin  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 19 48 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 15 19 48 to Nov. 28 19 48  
 and that I last saw her alive on Nov. 28 19 48

Immediate cause of death Acute Pulmonary Edema DURATION \_\_\_\_\_

Due to Hypertensive Cardio-vascular Disease

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles H. Henshaw M. D. or other \_\_\_\_\_  
 Address Greensboro, Md. Date signed 11-30-48

MINISTRY OF HEALTH

CERTIFICATE OF DEATH

NAME

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE

SIGNATURE

DATE

RECEIVED  
DEC 4 1948  
BUREAU V. B.

3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11274

Reg. Diat. No. 62

## 1. PLACE OF DEATH:

County... *Caroline*  
 City or town... *Deaton, Maryland*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *2 years*  
 Hospital, institution, or street address where death occurred:  
*R.F.D. #1*  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... *Maryland* County... *Caroline*  
 City or town... *Deaton*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... *R.D. #1*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Margaret Harff Palmer*

## 3. (b) Social Security Number

4. Sex *F.* 5. Color or race *W.* 6.(a) Single, married, widowed, or divorced *Widowed*  
 6.(b) Name of husband or wife *John Hugh Palmer*  
 6.(c) If alive, give age *✓* years  
 7. Birth date of deceased (mo., day, yr.) *Dec. 13, 1890*  
 8. AGE: Years *57* Months *11* Days *16* If less than one day  
 ..... hrs. .... min.

9. Birthplace *Gibbstown, New Jersey*  
 (Town, county, and state)

10. Usual occupation *Housewife*

11. Industry or business.....

12. Name *George Knopp*

13. Birthplace *Philadelphia, Pa.*

14. Maiden name *Anna L. Fish*

15. Birthplace *Gibbstown, New Jersey*

16. Informant *Benjamin H. Knopp*

Address *Deaton, Md. R.D. 1*

17. *Burial* Date thereof *Dec. 3, 1948*  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory *Eglington Cemetery*

Location *Clarkstown, New Jersey*

18. Funeral director *(Mrs) H. H. Boyer*

Address *Harrington, Delaware*  
*11/30 1948 M.D. Gend*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 29 1948* at *7:27 M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct 20 1948* to *Nov 29 1948*  
 and that I last saw him alive on *Nov 29 1948*

Immediate cause of death *Metastatic Carcinoma of Lung* DURATION *3 mos.*

Due to *Carcinoma of Breast* *3 yrs.*

Due to *Hemiplegia* *1 mo*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury *Charles H. Hearn* Injured at work?

23. SIGNATURE *Charles H. Hearn* M.D. or other

Address *Greensboro, Md.* Date signed *Nov. 29, 1948*

RECEIVED

DEC 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 41

11275

48a

## 1. PLACE OF DEATH:

County Caroline  
 City or town Greensboro Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Month  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Greensboro Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) if veteran, name war X

## 3. (a) FULL NAME

Hilda Swain

## 3. (b) Social Security Number

213-24-1986

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) July 5, 1906

8. AGE: Years 42 Months 4 Days 9 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Greensboro, Caroline, Maryland.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business X12. Name Asbury Hubbard13. Birthplace Maryland14. Maiden name Zenie Hubbard15. Birthplace Maryland16. Informant Mrs. Zenie HubbardAddress Greensboro, Maryland.17. Burial 11/ 17/ 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory GreensboroLocation Greensboro, Maryland.18. Funeral director Raymond B. RawlingsAddress Greensboro, Maryland.19. Nov 17 19 48 S. M. P.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 19 48 at 9:15 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 48 to Nov 14 19 48  
 and that I last saw her alive on Nov 13 19 48

Immediate cause of death

Carcinoma of Cervix  
uteri with metastases  
to spine

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Jones  
Greenboro Mo  
 Address \_\_\_\_\_ Date signed 11/16/48

UNITED STATES DEPARTMENT OF HEALTH

CENTRAL BUREAU OF VITAL STATISTICS

RECEIVED

RECEIVED

NOV 18 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 1118 11276 63

## 1. PLACE OF DEATH:

County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months  
 Hospital, institution, or street address where death occurred:  
Near Bethlehem  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Bethlehem  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Wiscard E. Wade

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

March 1, 1924

## 8. AGE:

Years

Months

Days

If less than one day

24823

hrs.

min.

## 9. Birthplace

Wilmington, Delaware  
(Town, county, and state)

## 10. Usual occupation

Unemployed

## 11. Industry or business

MOTHER FATHER

## 12. Name

Alfred Wade

## 13. Birthplace

Delaware

## 14. Maiden name

Nellie Wilson

## 15. Birthplace

Delaware

## 16. Informant

Alfred Wade

## Address

Wilmington, Delaware17. Cremation

(Burial, cremation, or removal. Which?)

Date thereof November 25, 1948  
(month) (day) (year)

## Cemetery or crematory

Liverbrook Cemetery

## Location

Wilmington, Delaware

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalburg, Maryland19. Nov. 25

(Date rec'd by registrar)

19 48Cornelia D. Plummer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 48 at 5:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 24 19 48 to November 24 19 48and that I last saw him alive on November 24 19 48Immediate cause of death Acute Pulmonary  
Edema

DURATION

6 hoursDue to Myocardial Failure12 hoursDue to Pseudo muscular Dystrophy15 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of Autopsy Conform to above

Date of op.

Autopsy results At Howard Delaware Hospital with Del  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed Nov. 25

RECEIVED

DEC 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

872

11277

Reg. Dist. No. 61

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Steward Nursing HomeHow long in hospital or institution? 2 months

## 3. (a) FULL NAME

Edward Josiah Watson

## 3. (b) Social Security Number

No

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Pricie M. Watson6. (c) If alive, give age 71 years

## 7. Birth date of deceased (mo., day, yr.)

August 13, 1873

## 8. AGE:

Years

Months

Days

If less than one day

75315

hrs.

min.

9. Birthplace Kent Co., Maryland  
(Town, county, and state)10. Usual occupation retired Game warden

## 11. Industry or business

FATHER  
MOTHER12. Name Edward J. Watson13. Birthplace Dela.14. Maiden name Sarah Simmons15. Birthplace Maryland16. Informant Mrs. Pricie M. WatsonAddress Fairlee, Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof Dec 1, 1948  
(month) (day) (year)Cemetery or crematory Chester Cem.Location Chestertown, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. Nov 29, 1948  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Fairlee  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D.  
(If rural, give LOCATION)2. (a) If veteran, name war No

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1948 at 1:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 19, 1948 to Nov 28, 1948and that I last saw him alive on November 27, 1948

Immediate cause of death

Spastic Cerebral Paralysis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Stover, M.D.  
Address Breensboro, Md. Date signed 11-29-48

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11278

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:  
Near Union Grove  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Union Grove  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Albert A. Viehl's

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Ella Viehl's

## 7. Birth date of deceased (mo., day, yr.)

March 17, 18786. (c) If alive, give age 64 years

## 8. AGE:

Years

Months

Days

If less than one day

70810

hrs.

min.

## 9. Birthplace

Talbot County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Retired Farmer

## 11. Industry or business

Farm

## MOTHER FATHER

## 12. Name

James Viehl's

## 13. Birthplace

Talbot County, Maryland

## 14. Maiden name

Martha Goslin

## 15. Birthplace

Baltimore, Maryland

## 16. Informant

Mrs. Ella Viehl's

## Address

Preston, Maryland, R.F.D.

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof November 30, 1948  
(month) (day) (year)

## Cemetery or crematory

High Crest Cemetery

## Location

Federalsburg, Maryland

## 18. Funeral director

J. F. Thompson and Son

## Address

Federalsburg, Maryland

## 19. Nov. 30

(Date rec'd by registrar)

19 48Cornelia W. Plummet

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 48 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1 19 48 to November 27 19 48and that I last saw him alive on November 27 19 48Immediate cause of death Heart Coronary  
Occclusion

## DURATION

2 hoursDue to Coronary artery sclerosis 5 -Due to Hypertension of heart 15 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Plummer M. D. or otherAddress Preston, Maryland Date signed 11/30/48

RECEIVED

DEC 3 1948

BUREAU V. S.